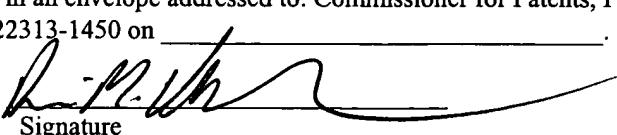




1648
Atty Dkt No. PP16464.003
USSN: 10/051,749
PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on _____.

4/1/04
Date


Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

VAJDY et al.

Confirmation No.: 5494

Serial No.: 10/051,749

Art Unit: 1648

Filing Date: January 14, 2002

Examiner: T. Brown

Title: NUCLEIC ACID MUCOSAL IMMUNIZATION

TRANSMITTAL LETTER

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is a Response to the Restriction Requirement dated February 23, 2004 in the above patent application.

Applicants request an extension of time for 1 month from March 23, 2004 to April 23, 2004. Enclosed is a check to cover the \$110 fee.

An additional fee is required as calculated below.

Also enclosed: Return Postcard.

04/07/2004 HDAMTE1 00000068 10051749

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Atty Dkt No. PP16464.003
USSN: 10/051,749
PATENT

No. of Claims After Amendment		Most Claims Previously Paid			Extra Claims			Additional Fee		
A. Total Claims	21	-	30	=	0	x	\$18	=	\$0	
B. Ind. Claims	1	-	1	=	0	x	\$84	=	\$0	
C. If amended to contain multiple dependent claims, add 280					\$280			=	\$0	
D. Total Amendment Fee (Total of A, B & C)								=	\$0	
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)								=	\$0	
F. Total Amendment Fee (D minus E)								=	\$0	

X A check for \$110 to cover the extension of time fee is attached.

— Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: April 1, 2004

By:

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